

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51		1		
2		1					52		1		
3		1					53		1		
4		1					54		1		
5		1					55	1			
6		1					56		1		
7		1					57		1		
8		1					58		1		
9		1					59		1		
10							60		1		
11							61		1		
12							62		1		
13	1						63		1		
14		1					64		1		
15		1					65		1		
16							66	1			
17							67		1		
18		1					68		1		
19		1					69		1		
20		1					70		1		
21		1					71		1		
22		1					72		1		
23		1					73		1		
24		1					74		1		
25		1					75	1			
26							76		1		
27							77		1		
28	1						78		1		
29		1					79		1		
30		1					80		1		
31		1					81		1		
32		1					82		1		
33		1					83		1		
34		1					84	1			
35		1					85		1		
36		1					86		1		
37	1						87		1		
38		1					88		1		
39		1					89				
40		1					90				
41		1					91				
42		1					92				
43		1					93				
44		1					94				
45		1					95				
46	1						96				
47		1					97				
48		1					98				
49		1					99				
50		1					100				
TOTAL IND.		↓		↓		↓	TOTAL IND.	12	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	63	←		←
TOTAL CLAIMS							TOTAL CLAIMS	81			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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